

# FLORIDA PHYSICIAN DEATH CERTIFICATION AND DEATH REPORTING RESPONSIBILITIES

**Bruce A. Hyma, M.D.**

District 11 (Miami-Dade County) Medical Examiner

## Death Certification

As the final service to a patient under their care, Florida physicians have the responsibility to sign and file a death certificate when that patient dies of natural causes. This article reviews the responsibility of each licensed physician in the State of Florida as it pertains to death certification for Vital Statistics and death reporting to their district medical examiner.

Florida Law (FS 382.011) defines death without medical attendance as "a death occurring more than 30 days after the decedent was last treated by a physician except where death was medically expected as certified by an attending physician". Conversely, a medically attended death is one that occurs within 30 days of the last treatment date. Treatment in this context can mean a office or hospital visit, but it also can mean a medication prescription renewal done by phone or other technology. Deaths of nursing home patients and patients in hospice programs are considered attended. Certifying such deaths is the responsibility of the patient's physician unless the circumstances give the Medical Examiner jurisdiction as described below. Patients dying of natural causes within 24 hours of hospital admission are also the responsibility of the attending physician. Fire Rescue and the appropriate law enforcement department attend natural deaths occurring at home. Circumstances of the death are communicated to the Medical Examiner and only after all these agencies agree that no trauma or foul play exists, that no medication is missing and that all evidence is consistent with a natural death, will the attending physician be notified. If the decedent is currently under that physician's care, as defined above, for a disease that can cause death consistent with the documented circumstances, that physician will be informed that death certification will be his/her responsibility. This responsibility cannot be abdicated because:

### 1) The Attending Physician is on Vacation or Otherwise Unavailable

In such cases, death certification will be the responsibility of the covering physician. As a covering physician, they assume responsibility for all patient care including certification of natural deaths.

### 2) The Attending Physician Does Not "Feel Comfortable" or "Does Not Know Why He/She Died"

Unless the death falls under the jurisdiction of the Medical Examiner as described below, death certification is the private physician's responsibility. Vital Records requires an opinion based on one's best medical judgment. For attending physicians, this is the disease process that is responsible for initiating the lethal sequence of events.

Our website, [www.miamidade.gov/medexam](http://www.miamidade.gov/medexam), has additional death certification information and helpful links to publications from the Centers for Disease Control (CDC) on death certification for physicians.

### 3) The Attending Physician is not Willing to Sign the Death Certificate

Physicians are sometimes under the false impression that the Medical Examiner will certify a death by default if they refuse to do so. This is not true. Jurisdiction will only be accepted by the Medical Examiner if the circumstances meet the jurisdiction criteria outlined below. Various professional and legal penalties apply when physicians knowingly refuse to fulfill their responsibilities.

Confusion regarding cause and mechanism of death also compounds a physician's reluctance to certify a natural death:

- The **cause of death** is the disease or injury that initiates an uninterrupted chain of events, however brief or prolonged, that leads to the death of the individual. In law this is the "proximate cause". For vital statistics ICDA coding purposes, the cause is what should be listed on the death certificate.

- The **mechanism of death** is/are the uninterrupted chain of events initiated by the cause. This is the physiologic disturbance that is incompatible with life. Examples are "bronchopneumonia", "cardiac arrest", "respiratory failure", "ventricular fibrillation", "sepsis", "pulmonary embolism", "myocardial infarction", "subdural hematoma" "exsanguination", etc. In law this is the "immediate cause". They must always be related to an underlying disease or injury. We live with disease or injury until they initiate a fatal mechanism. These mechanisms are frequently the focus of treatment protocols and therefore often confused with the cause of death. For example, one lives with hypertensive cardiovascular disease, but it is not until the disease triggers a sudden fatal cardiac rhythm disturbance that death occurs.

Physicians must remember that a disease or injury can initiate a lethal mechanism(s) that may play out over years. If the initiating event or circumstance comes under the Medical Examiner's jurisdiction as described below, the death must be reported. With surprising frequency, physicians unknowingly certify deaths, which are delayed accidents, suicides or even homicides.

## Death Reporting

Florida Statute 406.12 states that it is the duty of any person in the district (Miami-Dade County) where the death occurs, including all municipalities and unincorporated and federal areas, who becomes aware of the death of any person occurring under the following circumstances to report such death and circumstances forthwith to the district medical examiner:

### 1) When any person dies in the State:

- Of criminal violence
- By accident
- By suicide
- Suddenly, when in apparent good health
- Unattended by a practicing physician or other recognized practitioner
- In any prison or penal institution
- In police custody
- In any suspicious or unusual circumstance
- By criminal abortion
- By poison
- By a disease constituting a threat to public health
- By disease, injury or toxic agent resulting from employment

### 2) When a dead body is brought into the State without proper medical certification.

### 3) When a body is to be cremated, dissected or buried at sea.

**Failure to report is a first-degree misdemeanor.** Intentionally absent from the statute is suspected malpractice or therapeutic misadventure. The Medical Examiner does not have the role of the malpractice police. Likewise, the Medical Examiner does not proffer opinions on standards of care. Although the law defines the Medical Examiner jurisdiction, confusion about reporting frequently arises when deaths occur in a hospital setting. The following guidelines will assist in assessing jurisdiction:

- The death of a notorious person or one whose death might engender financial political or social gain to another should be looked at closely. The least question or suspicion should prompt reporting such a death.
- A young person's death is unusual. It is often from a cause, which requires reporting. These deaths should be considered with care.

- 3) Florida has no "24 hour rule". A person who dies from known heart disease within 24 hours of hospital admission generally does not come under Medical Examiner jurisdiction. Conversely, if a trauma patient survives more than 24 hours in a hospital, they remain under the jurisdiction of the Medical Examiner.
- 4) Falls resulting in ultimately fatal hip fractures must be reported. Since the vast majority of these cases have underlying disease, which precipitates a fracture of an osteoporotic hip, Medical Examiner involvement is generally one of recording the appropriate data. Fractures at other sites, which may have contributed to the death of an individual, must be reported since such cases often require more direct investigation in order to assess civil or criminal culpability.
- 5) Beside injuries, death resulting from industrial hazards must be reported. These would include such things as benzene or radiation-induced neoplasia, pneumoconiosis (asbestosis) and solvent-induced hepatic failure.
- 6) Any death in which there may be a threat to public health comes under Medical Examiner jurisdiction. This is generally restricted to deaths where an infectious agent of a highly contagious nature is suspected, but not yet confirmed. Bioterrorists fatalities clearly meet these criteria. In general, if the Miami-Dade County Health Department is concerned about the case, so is the Medical Examiner. Not all deaths from HIV/AIDS will come under Medical Examiner jurisdiction. The circumstances of the death and the level of documentation of the disease will determine jurisdiction.
- 7) All inmate deaths must be reported to the Medical Examiner by Statute. All inmates will be autopsied upon their death regardless of the circumstances of death and their medical history.
- 8) Emergency room deaths should be reported if the decedent has no documented history of disease, or a reasonable diagnosis cannot be established and documented. Law enforcement should be notified and they, in turn, will notify the Medical Examiner.

- 9) Operating room and anesthesia deaths can be problematic. Two helpful determinants of the circumstances are useful in deciding jurisdiction: the death was sudden and unexpected coupled with the degree of risk of the procedure. Thus, a young woman who dies during the course of a D & C should be reported. Death occurring during emergent, high risk open heart surgery would probably not have to be reported if death were due to the reasonable and foreseeable consequence of the disease. Likewise, deaths from therapeutic misadventures generally do not come under the jurisdiction of the Medical Examiner. A death caused by a wrong blood transfusion or surgery on the wrong patient, however, is not reasonable and foreseeable and should be reported. When in doubt, consult with the Medical Examiner.
- 10) Finally, do not request autopsy permission of the next-of-kin when a death is referred to the Medical Examiner. Also, do not assume that a death referred to the Medical Examiner will have an autopsy. This decision is left to the discretion of the Medical Examiner and is based upon the particular circumstances. If the referring physician has an interest in a specific piece of data, that interest should be communicated to the Medical Examiner without delay. If the death occurs in the evening, the autopsy will usually be performed the following morning (including weekends and holidays).

The Medical Examiner Department routinely sends a copy of the autopsy protocol to the medical records office of the referring institution.

All inquiries and reports of death can be made to the Miami-Dade County Medical Examiner Department at (305) 545-2400. This phone number is answered 24 hours a day, 7 days a week (including holidays). A Medical Examiner is always on-call to assist with any questions of jurisdiction or death certification. The Department is staffed from 7:00 am to 5:30 pm seven days a week, including holidays, to serve the citizens and residents of Miami-Dade County.